

REQUEST AND AUTHORIZATION FOR STUDENT DEPENDENT TRAVEL

(this form is subject to the Privacy Act of 1974, use BlanketPAS-AP Form 11)

I REQUEST FOR TRAVEL		1. DATE OF REQUEST
The following dependent is authorized travel to location indicated:		
DEPENDENT DATA		
2. DEPENDENT <i>(Last name, First, Middle initial and Passport No.)</i>	3. RELATIONSHIP	4. DATE OF BIRTH
5. NAME AND LOCATION OF SCHOOL		
6 PRESENT ADDRESS		7. TRANSPORTATION AUTHORIZED <input type="checkbox"/> SPACE REQUIRED <input type="checkbox"/> SPACE AVAILABLE
SPONSOR DATA		
8. SPONSOR <i>(Grade or Rating, Last name, First, Middle initial, and ,SSN)</i>		9. DATE ENTERED OVERSEA AREA
10. ORGANIZATION AND STATION ADDRESS OR LOCATION		11. ASSIGNED THIS STATION PER <i>(Assignment Order)</i>
		12. RETURN DATE <i>(If any)</i>
13. I certify that the above information is true and this is my dependent. I will file a Travel Voucher within ten days after completion of travel.		
A. DATE	B. SPONSOR'S SIGNATURE	
TRAVEL DATA		
14. ITINERARY AND PROCEED/ARRIVAL O/A DATES		
15 REMARKS <i>(Accomplish necessary immunizations before traveling, 66 pounds accompanied baggage authorized)</i>		
16. APPROVING/VERIFYING OFFICIAL		
A. Information contained above has been verified and is correct.		
B. DATE	C. TYPED NAME, GRADE AND TITLE	D. SIGNATURE
II AUTHORIZATION		
17. ACCOUNTING CITATION DEPARTMENT OF THE AIR FORCE		
18. ORDERS AUTHENTICATING OFFICIAL <i>(title and Signature)</i>		19. DATE ISSUED
		20. SPECIAL ORDER NUMBER